

Appendix R

Administrative Information Questionnaire, Wave 2

Note: This self-completed questionnaire was given to the administrator upon arrival of the study data collection team. The lead interviewer was available to respond to the administrator's questions concerning the questionnaire and to collect the completed the finished questionnaire 4-5 days later when wave 2 data collection was finished.

Facility Administrative Information: Wave 2

Name of Facility:

ID Number:

Date Study Began in Facility:

1. # of licensed beds. ___ ___ ___

2. # of beds in private rooms. (Count unoccupied private rooms. Don=t count rooms with 1 resident temporarily).

3. # of beds in rooms with 3 or more beds.
(Count # of beds in each room with 3+ beds for overall total.) ___ ___ ___

4. % Medicaid days in Year 2000: _____%

5. % Medicare days in Year 2000 _____ %

6. Occupancy rate in Year 2000 _____ %

7. Is facility operated by a hospital:
 ___yes ___no

8. Ownership: ___ for profit ___ public ___ not for profit

9. Has your owner remained the same for the last 2 years (i.e., since January 1999)?
 ___ yes ___ no

10. Does the facility operate:
yes no
___ ___ assisted living
___ ___ senior housing
___ ___ adult day care

11.

Personnel type	Does the nursing home employ anyone in role		If yes, how many hours per week did that person(s) work <u>in that role</u> at time of data collection:
	yes	no	
staff developer/educator			
paid clergy, chaplain, spiritual director			
MDS/PPS coordinator			
quality improvement manager			

Note: Do not count unfilled positions.

12. Aside from on-call personnel or internal pools, are CNAs assigned permanently to a nursing unit?
 ___ yes ___ no

13. Are these CNAs assigned permanently to specific residents during day and evening shifts? ____ yes ____ no

14. A. Turnover rate of CNAs in 2000: ____ %

B. Turnover rate of licensed nursing personnel (RN + LPN) in Year 2000. ____ %

Calculate CNA turnover by dividing the number of CNAs who left facility employment any time in the Year 2000 into the number of separate people employed as CNAs at any time during the year 2000, and turn into a percentage. Do the same calculation for licensed nurses.

15. Continuity of Nursing Personnel

	CNAs	Licensed nurses (Rn & LVN)
# of people on payroll during Year 2000		
1 year continuity: i.e., # on payroll during Year 2000 who were on payroll in Year 1999.		
5 year continuity: i.e., # on payroll during Year 2000 who on payroll in 1996.		

16. Use of outside registries, nursing pools or nursing agencies in Year 2000.

CNAs		Licensed Personnel	
Registries used for CNAs	If yes, number of hours in Year 2000	Registries used for licensed nurses	If yes, number of hours in Year 2000
____ yes ____ no		____ yes ____ no	

17. Total weekly hours for all activities personnel at date study began, not counting unfilled positions. _____

18. Total weekly hours for all social work personnel at date study began, not counting unfilled positions _____

19. Leadership

	Months in position at this nursing home	Months in this position at any other nursing home	Months person employed at this nursing home in <u>any</u> position	# of people in role in last 2 years (count acting positions).
Administrator				
Director of nursing				
Activities director				
Director of Social Work				

20. Activities Director Education:

A. Highest education. ___ high school, ___ CNA, ___ LVN, ___ AA degree ___ college graduate
 ___ graduate school

B. Field (if college grad)

___ therapeutic recreation, ___ recreation, ___ music/music therapy, ___ art/art therapy,
 ___ occupational therapy, ___ education, ___ other (specify) _____

C. Do any other activities personnel have one of degrees listed above? ___ yes ___ no

20. Activities program

yes no

- ___ ___ a. personnel work on Saturdays.
 ___ ___ b. personnel work on Sundays
 ___ ___ c. activities scheduled after dinner two evenings a week
 ___ ___ d. facility has van at least 2 time for social travel for 8 or more residents.

21. How many people served as regular volunteers in Year 2000 not counting clergy conducting religious services, and how many volunteer hours were logged in.

___ ___ number of volunteers ___ ___ volunteer hours

___ don=t have count but estimate 50 or more regular volunteers

___ don=t have count but estimate 10 or more regular volunteers

___ cannot estimate at all, none

22. Are your therapy (PT, OT, ST) programs done in-house or contracted:

PT. ___ in-house, ___ contracted

OT. ___ in-house, ___ contracted

ST. ___ in-house, ___ contracted

23. Do you employ any rehabilitation aides? By this we mean aides hired by facility to work with rehabilitation staff or contractors to enhance ambulation, ROM, and physical rehabilitation of the resident. ☐ yes ☐ no

If yes, counting all such aides, how many hours per week were rehabilitation aides employed at time data collection began. _____

24. At the time data collection began, were any geriatric nurse practitioners or physician assistants employed by facility or visiting the facility regularly? ☐ yes ☐ no

25. Do you have one or more dementia special care unit (SCU), i.e. a designated area licensed _____ as an SCU and/or held out to the public as one, which typically, though not always, is a _____ locked unit? ☐ yes
☐ no

26. How many dining rooms or distinct dining areas do you have in the facility? _____
Number

27. Do any of the following occur with dining in either all or part of your facility:

All NF	Part NF	No	
_____	_____	_____	a. Wait staff (not CNAs) serve at meals.
_____	_____	_____	b. Food is removed from trays & put on table.
_____	_____	_____	c. Food served family style, in serving dishes on the table.
_____	_____	_____	d. Restorative dining takes place.
_____	_____	_____	e. Fine dining takes place.